

# Methodist Homes Queens Court

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Queens Court is registered to provide accommodation for up to 55 people who require personal care. Nursing care is not provided. At the time of our inspection there were 51 people living in the home. The home is located in the village of Bottisham, near Cambridge. The home is divided into four units, Windsor, Osbourne, Balmoral and Sandringham. Shops and other amenities are a short walk away. The home has wheelchair access for those who may require this.

This unannounced inspection took place on 18 April 2017.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Action had been taken to minimise the risks to people. Risk assessments identified risks and provided staff with the information they needed to reduce risks where possible. Staff were following the correct procedures when administering, recording and storing medication so that people received their medication as prescribed. Staff were aware of the procedures to follow if they thought anyone had been harmed.

Staff were only employed after they completed a thorough recruitment procedure. There were enough staff on shift to ensure that people had their needs met in a timely manner. Staff received the training they required to meet people's needs and were supported in their roles.

The CQC is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider had completed some capacity assessments and DoLS applications. The provider could demonstrate how they supported people to make decisions about their care and the principles of the MCA were being followed.

Staff were highly motivated to provide care that was kind and compassionate. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were respected. A "Seize the day" initiative had been implemented which gave people the opportunity to try something they had always wanted to do. Staff spoke enthusiastically about the opportunities that they had been given and said that people had really enjoyed the experiences that had been created for them.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed. People were provided with a choice of food and drink that they enjoyed. People were given the right amount of support to enable them to eat and drink.

There was a varied programme of activities including in-house group activities, one-to-one activities, entertainers and trips out. Staff supported people to maintain their interests and their links with the local

community to promote social inclusion.

Care plans gave staff the information they required to meet people's care and support needs. People receive support in the way that they preferred and met their individual needs.

There was a complaints procedure in place and people and their relatives felt confident to raise any concerns either with the staff or manager. Complaints had been dealt with appropriately.

There was an effective quality assurance process in place which included obtaining the views of people that lived in the home and their relatives. Where needed action had been taken to make improvements to the service being offered.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Action had been taken to assess and minimise risks to people's safety.

Staffing levels were sufficient to meet people's needs.

### Is the service effective?

Good ●

The service was effective

Staff were acting in accordance with the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards.

Staff were supported and trained to provide people with individual care.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

### Is the service caring?

Outstanding ☆

The service was very caring.

Staff were highly motivated to provide people with an exceptional service that was kind and caring. People were treated with respect and staff were aware of people's likes and dislikes.

People were involved in the planning and making decisions about their care.

People's rights to privacy and dignity were valued.

People were encouraged and enabled by staff to make choices about their lives and to remain as independent as possible.

### Is the service responsive?

Good ●

The service was responsive.

Care plans contained up to date information about the care and support that people needed.□

People were encouraged to maintain hobbies and interests.

People were aware of how to make a complaint or raise any concerns.

### Is the service well-led?

Good ●

Staff felt confident to discuss any concerns they had with the registered manager.

An effective quality assurance process was in place to identify any areas for improvement.

# Queens Court

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the home under the Care Act 2014.

This inspection took place on 18 April 2017 and was unannounced. The inspection was carried out by one inspectors.

Before our inspection we reviewed the information we held about the home, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the home, what the home does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the home that the provider is required by law to tell us about. We contacted local authority commissioners that had contact with the home to obtain their views. We reviewed the information to assist us with our planning of the inspection.

During our inspection we spoke with five people who lived at Queens Court and six relatives of people who lived at Queens Court. We talked with the registered manager, deputy manager and housekeeping manager. We also spoke with the activities coordinator, one volunteer and one care assistant. We looked at the care records for three people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We observed how the staff supported people in the communal areas. Observations are a way of helping us understand the experience of people living in the home.

# Is the service safe?

## Our findings

All of the people we talked with told us that they felt safe living at Queens Court. One person told us, "I feel perfectly safe here." One relative said "[Family member] feels safe as they don't make her do anything she doesn't want to. They encourage her to do things." Another relative told us, "I know [family member] is safe here. Staff are always there to keep an eye on her."

People were supported by a staff group that knew how to recognise when people were at risk of harm. Staff told us, and records we saw, confirmed that staff had received training in safeguarding and protecting people from harm. Staff were able to tell us the correct procedure to follow if they suspected anyone had suffered any harm, including what outside agencies they would contact with any concerns.

The PIR stated, "Risk assessments are in place that cover the home environment, and also specific tasks undertaken. There are also individual risk assessments in place covering diabetes management, use of alcohol, medication management, etc." We found the risk assessments to be detailed and that they contained the information the staff required so that they were aware of what action they should take. Risk assessments promoted people's choices whilst trying to make activities as safe as possible. For example, two people enjoyed going out for walks around the village; however there was a risk that due to memory loss they may get lost. Staff accompanied the two people on the walk several times until they were familiar with the route. The two people had also agreed to tell staff when they were going out so staff were aware when they were due to return and take action if necessary. This meant that risks to people's safety were reduced but they were still able to make decisions about their life and do the things they enjoyed.

Accidents and incidents were analysed by both the registered manager and area manager to identify any trends. Any actions necessary to prevent a reoccurrence were identified. For example, when one person had fallen, their risk assessment had been updated so that staff knew what action needed to be taken to prevent a further fall. We saw from staff meeting minutes that information about accidents and incidents was shared with staff during staff meetings. This meant that staff were aware of the action they needed take to minimise the risk to people.

Staff told us that they had completed training in the administration of medication and annual monthly competency checks to ensure their practice was correct. We checked the administration of medication records and medication in stock and found these to be correct. Daily checks of the stock levels of medication were carried out so that any discrepancies could be identified immediately and the necessary action taken. People were supported to be responsible for their own medication if they wanted to. Risk assessments were in place to ensure that this was done in a safe manner and was monitored regularly. This meant that people received their medication as prescribed.

We found that there were enough staff to keep people safe. We observed that staff had time to sit and talk to people and engage them in activities in the home. Call bells were answered in a timely manner. The registered manager stated that the answering of calls bells was monitored to ensure that people received the support they required. The registered manager stated that the staffing levels were based on the needs of

the people living at Queens Court. Dependency assessments were completed for each person and reviewed on a monthly basis. The registered manager confirmed that agency staff were occasionally used in the home. However, for continuity of care the registered manager tried to use the same agency staff so that people's needs and preferences were already known to them.

There were effective recruitment practices in place. Prospective new staff had to complete an application form and face to face interview. The records showed that staff were only employed after they completed pre-employment checks including references and checks for criminal convictions with the Disclosure and Barring Service. This meant that only the right staff were employed.

The PIR showed that equipment used in the home had been regularly tested. A 'disaster' plan was in place to be used in the event of an emergency or untoward event such as a fire or flood. The records showed that fire fighting equipment and emergency lighting had been tested regularly.



# Is the service effective?

## Our findings

During the previous inspection in March 2016 we found that people's preferences were not always met regarding their choice of food. We saw during this inspection that a great deal of work had gone into improving the meal time experience for people. People had been regularly consulted on their likes and dislikes and had been asked what they thought of the quality of the food being provided. Meal times had also been regularly observed so that any areas for improvement could be identified and actioned immediately. Procedures had been put in place to ensure that the people working in the kitchen were aware of people's preferences, food allergies or dietary needs and that they made sure that suitable food was available.

People were supported to maintain a healthy diet. One relative told us, "The food is good quality. The choice is incredible." When necessary people who required support to eat their meals were assisted by staff. If needed, people had been referred for eating and drinking assessments to see what support they required with their food and drink. Observation of lunchtime showed that people could choose where they wanted to eat their meal and the atmosphere was relaxed and unrushed. We saw that people were offered a choice of drinks and snacks throughout the day.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments had been completed. The assessments showed that the staff member completing the assessments with people had tried to make the information accessible to them. When best interest decisions had been made these had been recorded. When needed, DoLS applications had been submitted to the local authority. Staff were aware of the requirements of the MCA and the relevant codes of practice. This meant that people were only having decisions made on their behalf or their liberty restricted after following the correct procedures. People confirmed that staff asked them before carrying out tasks for them.

Staff told us that the provider's training programme equipped them for their roles. The registered manager told us that new staff completed an induction including training in health and safety courses and courses specific to meeting people needs such as learning about people living with dementia. New staff were also required to complete the Care Certificate. The Care Certificate is a nationally recognised qualification. One member of staff told us that the dementia care training had taught them how to approach any challenges differently. This was, for example, by giving people living with dementia extra time to respond to questions or instructions.

All of the staff that we talked with told us that they felt supported in their roles. Staff received regular supervisions and, when applicable, an annual appraisal.

Discussion with people and records showed that people had been supported to access health care professionals as needed. The home had a good working relationship with the local GP surgery. A GP visited on a weekly basis as well as when needed by individuals. People had been referred to occupational therapists, physiotherapist, dieticians and speech and language therapists when necessary. A relative told us, "If [family member] is unwell I'm told straight away. I came in to visit today and the manager updated me about the GP's visit." One person told us, "They [the staff] called the GP straight away when I was ill."

## Is the service caring?

### Our findings

People told us that they thought the staff were caring. One person told us, "They [the staff] are very, very caring, especially with those people who have dementia. It's a luxury knowing that there is always someone there to help you." Another person told us, "The staff are nice and caring." One relative told us, "The staff are all very good, they are all so caring." Another relative told us, "The staff go beyond the call of duty." All relatives were keen to speak with us during our visit and all provide positive feedback.

One relative told us how they had recently had two family members living in Queens Court. They explained that when one of their family members had passed away the staff not only supported the remaining family member but also the wider family with their loss. They told us, "The staff are marvellous. All of the care staff have time for [family member] and us. When [family member] died they couldn't have been better."

We received feedback from a healthcare professional who told us that the staff had provided, "Excellent support and kindness" and had been wonderful with a person. The healthcare professional went on to say that staff had spent time with the person, found them suitable clothing and, "Generally going out of their way to make them feel as comfortable as possible".

We saw staff supporting people in a kind and caring manner. One member of staff told us how they had earlier sat and comforted a person about how they were feeling. This had meant that the person they had been able to calm down and talk to them without crying and explain how they were feeling. The member of staff went back to check on them later in the day and saw that one of the domestic staff was painting the person's nails for them and they (the person) looked much happier. We saw one person was becoming distressed and asking if they should be going home. A member of the staff team came and reassured the person in a gentle manner and explained that they were staying in the home and that their family knew they were here. The person then sat down and relaxed.

Staff told us about the "Seize the day" initiative that the home was taking part in. People were encouraged to try something they had always wanted to do. One person had requested to go and visit their family home where they had grown up although they couldn't remember the exact address. The activities co-ordinator had visited the village and made enquiries and contacted the people that were now living in the house. They arranged to take the person to visit the house and the local pub also opened early so the person could visit there also. The person thoroughly enjoyed the opportunity to look around their family home.

Relatives told us that they could visit at any time and were always made to feel welcome and involved in their family members care. One relative told us, "I couldn't wish for a nicer place for my [family member] to live. It [Queens Court] has given me peace of mind." Another relative told us, "My [family member] has blossomed since they've been here. The staff are unendingly patient, so genuine and go the extra mile. I adore the people here." Another relative told us, "Staff do a wonderful job. I'm so thankful this place is here." The registered manager told us that staff were supporting one person to regularly visit their relative as they were in a hospice. The home was providing the transport and a member of staff to accompany the person.

The registered manager stated that they wanted Queens Court to be a part of the local community and be somewhere people could go for support. This was evidenced when staff had acted in a kind and caring way when a local person had gone to Queens court on New Years Eve asking to stay as they did not have any food, heating or electricity. The person was invited in and given a hot meal. The staff visited the person's home and found that they would need further support. They arranged with the local authority for the person to temporarily move in to the home so that they could ensure their safety and well-being. Another local person had gone to the home and received first aid care until an ambulance arrived. The care the person received from the staff prevented them from having scars from their injuries.

People's care plans included information about what was important to them as an individual. People confirmed that they were encouraged to make decisions about their care. One person told us, "The staff give me my care plan once a month to read and sign." Another person told us, "I don't sign the care plan until I've read it. I tell them if there's something wrong with it." Care plans included information about what made people happy. For example, "[Name] enjoys the company of others and loves her family visiting." One relative told us, "The staff know [family member] well and what makes her happy."

Staff told us that it was important to them that they treated people with respect, dignity and promoted their independence. People confirmed that their privacy was upheld. One person told us, "I get a bath when I like. Staff make sure the door is closed and there's absolute privacy." Another person told us, "They [the staff] encourage me to be independent. They explain what they are going to do before helping me." One volunteer told us, "It's home from home. It's not just a job, staff have compassion. They treat people like family."

The registered manager told us, "We hold a service of remembrance approaching Christmas, for bereaved families, so they light a candle, and we have tea and mince pies after. We also have a memory tree, and invite them to write special thoughts on a star and hang it on our tree."

People were supported to have pets and when needed staff supported people to take them to the vets. One person told us that they really enjoyed having a pet in the home. Staff told us that people appreciated having pets in the home and they were often the subject of conversation.

When people needed independent help to make some important decisions the registered manager had arranged for an advocate to support them. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

## Is the service responsive?

### Our findings

Relatives told us that the registered manager went to meet their family member before they moved into the home. We saw that pre admission assessments were thorough to ensure that the home could meet people's needs in the way that they preferred.

The care plans included all relevant information about people. They were written in a positive way and included information about the individual and what they were able to do for themselves. For example, "[Name] is able to wash her own hands and face but requires the help of one carer to support and assist to wash their body and lower half." They also included information about people's history, what was important to them, their spiritual and cultural needs, communication, medication, nutrition, mobility and any health issues. When an area of concern for the person had been identified (such as the person being at risk of malnutrition) information regarding this was included in all relevant areas of the care plan. This meant that the staff had the information they needed to meet people's needs in a person centred way. The care plans had been reviewed regularly and any changes were made to update the information.

People received the care they needed in the way they preferred. One relative told us, "When [family member] moved here they weren't eating, talking or getting out of bed. After two weeks of encouragement and feeling safe and secure they were doing all three things. [Family member] calls it their home." Another relative told us that all staff took an interest in their family member. They said that the domestic staff asked their family member about the photo's in their room and they enjoyed talking about them. A volunteer told us, "If people want to stay in bed for the morning they can. It's their decision." One person told us, "I'm happy living here, I don't get bossed around."

People were treated as individuals and staff tried to find ways of supporting them that suited them. For example, one person was anxious if they couldn't remember when their friends and relatives were coming to visit. Therefore they had been provided with a white board in their room so people could write when they were next going to visit. Another person suffered with anxiety. To help relieve this staff had used the knowledge of the person's employment history and asked them to get involved in helping with tasks in the home. This had helped staff engage with the person and given them a sense of purpose.

Two relatives told us that they were involved in reviewing their family members care plans. They explained that there was a board near the signing in book that showed if they needed to review or sign any documents.

There was detailed information in people's care plans about the activities and hobbies people enjoyed. This information was used by the activities co-ordinator when arranging group activities and outings. Various activities were organised including archery, quizzes, games, arts and crafts and baking. For those people who did not want to join in group activities they were also given the opportunity to spend time with staff doing individual activities such as having a manicure, reading a book or having a chat. We saw staff sitting with people supporting them to complete word searches and arts and crafts. One relative told us, "Staff all have the right attitude. They sit and talk to [family member]." Religious services were regularly carried out in the home for those who wished to attend. The activities co-ordinator had also arranged trips out. For

example, two people had been assisted to go to a musical which they really enjoyed. Special events were also organised in the home. For example, during Nutrition and Hydration week, there was a tea party with china cups and cake stands. That was followed by a St Patricks day event, where people could enjoy a glass or two of Guinness.

People had access to the day centre which was based in Queens Court. They could decide if they wanted to attend organised activities or attend to have a drink and chat with friends. There was also a table with a partly completed jigsaw puzzle that people could do if they wished to. Pat dogs and other entertainers such as an Elvis impersonator also visited the home regularly. Music therapy sessions were also provided in the home.

People felt confident to raise any concerns or complaints they had with the staff or the registered manager. There was a complaints procedure in place. One person told us, "I would talk to [registered manager] if I have any worries. I reported an agency worker to [member of staff] last week and was told they won't use them again." We saw that when people had complained a thorough investigation was carried out. Detailed findings were given to the complainant along with an apology when necessary and what action would be taken to avoid a reoccurrence.

# Is the service well-led?

## Our findings

All of the staff, people living in the home and their relatives spoken with told us that they found the registered manager approachable and easy to talk to. One member of staff told us, " [Name of registered manager] is fab. We were short on the night shift on her birthday and she came in and worked it." One relative said that she thought there was an open culture. They stated that the registered manager told them, "If there is something wrong then tell me about it. If I don't know I can't fix it."

Staff were dedicated to the jobs and told us that they really enjoyed working at Queens Court. One member of staff told us, "I feel a valued part of the team. We treat people with respect and dignity and in a loving and caring way." Another member of staff told us, "I love my job." They also told us the company values were about "being the best we can be, nurturing body, mind and spirit."

Staff told us that when improvements were needed these had been identified and staff had worked hard to ensure they were completed. There was an "Employee of the month" scheme. Staff could be nominated by another staff member, person living in the home or a relative. Staff told us that this helped them to feel valued. Staff helped to fundraise money for a minibus in their own time so that people could have more trips out of the home.

Providers of health and social care are required to inform the CQC of certain events that happen in or affect the service. The provider had informed CQC of significant events. This meant we could check that appropriate action had been taken.

Staff meetings were held regularly. Staff told us that they could add to the agenda and any suggestions they made were discussed and acted upon.

Meetings for people who lived at Queens Court and their relatives were held regularly. This meant that people were involved in the running of the home and could make decisions that affected them. One relative told us, "I attend family meetings. I'm always kept informed." The minutes from the meetings showed that suggestions were actioned and reviewed at the next meeting.

There was an effective quality assurance system in place to ensure that, where needed, improvements were made in the home. The registered manager carried out monthly audits on the quality of the service provided. Audits covered a number of areas including medication, health and safety, environment, care plans and infection control. The registered manager stated that the area manager visited at least monthly to carry look at audits at the quality of the service being provided. The Area manager set clear actions for the manager to make improvements and these were signed off when completed.

The registered manager monitored the training matrix to ensure all staff have completed what the provider considered to be mandatory training.

Staff were aware of the whistleblowing procedure and told us they felt confident to use it if they had any concerns that they needed to raise.

People were encouraged and supported to attend activities in the local community. During the inspection we saw a group of people being supported to attend a local coffee morning. Local community groups also used the day centre area in the home for meetings, which people living in the home were encouraged to attend. Local community groups such as choirs regularly visited the home to provide entertainment. The registered manager told us, "The scouts come in and bring an imitation camp fire, and sing camp songs on an evening, followed by hot dogs."